

R E S T R I C T E D

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UNITED STATES ARMY  
Office of the Surgeon  
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CIRCULAR LETTER NO. 17

SUBJECT: Treatment of Psychiatric Disorders.

1. Following the Armistice in World War I there was an increase in the number of patients hospitalized in Europe for neuropsychiatric disorders which resulted in an admission rate greater than that which had occurred during periods of active combat. It is probable that there will be an increase in hospital admission rate in this theater, after an initial post-armistice decrease, unless every preventive measure is utilized to its fullest extent.

2. The reasons for this increased admission rate are many. The major causes are inactivity, boredom, fear of being sent to other active theaters, desire to get home, and the knowledge that priority in going to the Zone of Interior is given to the sick and wounded. It is thus to be expected that there will be an increase in the number of patients with frank psychiatric complaints and an increase in the number of those with conscious or unconscious exaggeration of the symptoms arising from minor defects or disorders.

3. In order to minimize this expected increase in the number of psychiatric patients, the following policies will be adopted by all medical officers and medical installations:

a. No individual with a psychiatric disorder will be hospitalized unless he is in actual need of hospitalization.

b. Maximum use will be made of treatment in out-patient clinics.

c. Out-patient clinics for Neuropsychiatry will be established in all general hospitals, evacuation hospitals, station hospitals possessing a psychiatrist, and division clearing stations. Excepting emergency cases, no patient will be admitted to hospitals for a neuropsychiatric disorder until he has been examined, and approved for admission, by an out-patient service. Patients sent to an out-patient clinic for psychiatric examination or treatment will in all cases be accompanied by an adequate description of behavior and the reasons for which examination is requested.

d. Individual medical officers, and particularly those working in unit dispensaries, should themselves make every effort to evaluate completely patients and to give such treatment as can be administered out of hospital. Consultations

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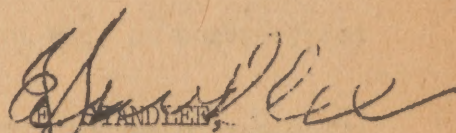


should not be requested merely for "clearance"; they should be requested only when diagnosis cannot be established or treatment given without the assistance of a consultant.

e. Ineffectiveness from poor attitude, lack of motivation, or unwillingness to expend further effort should be differentiated clearly from ineffectiveness resulting from illness or disease. The Medical Department must not be utilized as a means of disposition for soldiers or officers who are undesirable for reasons of inefficiency or misconduct or who, at the most, have minor but nondisabling physical or mental disorders. Where ineffectiveness is not the result of disease or injury, the facts will be reported to the individual's commanding officer.

f. No individual with a psychoneurosis will be evacuated to the Zone of the Interior solely because of psychoneurosis unless he is incapable of performing a day's work in some capacity in the theater.

For the SURGEON:

  
E. STANDLEY,  
Colonel, M.C.,  
Deputy Surgeon.

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